

This Form is for INTERNAL PTO USE ONLY  
It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE  
(CALCULATION SHEET)

APPLICATION NUMBER 9/649527

Total Fee Calculation

Fee Type	Fee Amount	Fee Type	Fee Amount	Fee Type	Fee Amount
Initial Filing Fee	<u>100</u>				
First Claim (10)	<u>20</u>		<u>1</u>		<u>690</u>
Utility Model Claim (8)	<u>10</u>		<u>3</u>		<u>18</u>
Non-Utility Claim (10)	<u>10</u>				
Serial Filing	<u>10</u>				
Extension Filing	<u>10</u>				

TOTAL FEE CALCULATION

Total Filing Fees Due = 708

Less Filing Fees Submitted = 354

BALANCE DUE = 354

J. M.  
Office of Initial Patent Examination

**PATENT APPLICATION FEE DETERMINATION RECORD**

Effective December 29, 1999

Application or Docket Number

9/649527

**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	21 minus 20 = * 1	
INDEPENDENT CLAIMS	3 minus 3 = *	
MULTIPLE DEPENDENT CLAIM PRESENT		

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
				** =
Total	* 19	Minus	** 21	=
Independent	* 3	Minus	*** 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY  
TYPE

OTHER THAN  
OR SMALL ENTITY

RATE	FEES	RATE	FEES
	345.00	OR	690.00
X\$ 9=		OR	X\$18= 18
X39=		OR	X78=
+130=		OR	+260=
TOTAL		OR TOTAL	708

SMALL ENTITY OR OTHER THAN  
OR SMALL ENTITY

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		X\$18=	
X39=		X78=	
+130=		+260=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
				** =
Total	* 19	Minus	** 21	=
Independent	* 3	Minus	*** 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE ADDITIONAL FEE

TOTAL ADDIT. FEE

TOTAL ADDIT. FEE

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
				** =
Total	* 19	Minus	** 21	=
Independent	* 3	Minus	*** 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE ADDITIONAL FEE

TOTAL ADDIT. FEE

TOTAL ADDIT. FEE

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.